



ARKANSAS MINORITY HEALTH COMMISSION

**SICKLE CELL OUTREACH INITIATIVE GRANT  
APPLICATION**



DATE ISSUED: MARCH 1, 2012  
DEADLINE TO SUBMIT: APRIL 16, 2012

AMHC FY013-RFA

APPLICATION CHECKLIST

- ☐ **Letter of Intent** (Due April 2, 2012)
- ☐ **Application**
  - **Problem Statement**
  - **Proposal Description**
  - **Program Goals & Objectives**
  - **Planned Services & Activities**
  - **Evaluation**
  - **Budget Spreadsheet** (attached Excel document)
  - **Certification** (signed in **BLUE** ink)
- ☐ **Current Certification** from the state of Arkansas, Office of Secretary of State (non-profits only)
- ☐ **Letter from the US Department of the Treasury, Internal Revenue Service** classifying the applicant administrative organization as a private, non-profit corporation (non-profits only)
- ☐ **Email** one scanned electronic copy (with signature) to Marisha Collins at [Marisha.collins@arkansas.gov](mailto:Marisha.collins@arkansas.gov)
- ☐ **Mail** the original paper copy with signatures in blue ink to:  
Sickle Cell Project Manager  
Sickle Cell Outreach Initiative Grant  
Arkansas Minority Health Commission  
523 Louisiana, Suite 425  
Little Rock, Arkansas 72201

## SUBMISSION REQUIREMENTS

Applicants are required to submit **TWO** copies of their application and budget spreadsheet.

- a) **Email** one scanned electronic copy (with signature) to Marisha Collins at [Marisha.collins@arkansas.gov](mailto:Marisha.collins@arkansas.gov)
- b) **Mail** the original paper copy with signatures in blue ink to:

Sickle Cell Project Manager  
Sickle Cell Outreach Initiative Grant  
Arkansas Minority Health Commission  
523 Louisiana, Suite 425  
Little Rock, AR 72201

Non-profit organizations must also submit a **Current Certification** from the state of Arkansas, Office of Secretary of State and a **letter from the US Department of the Treasury, Internal Revenue Service** classifying the applicant administrative organization as a private, non-profit corporation.

The electronic copy will not substitute for the original copy signed in blue ink. Both electronic and paper copy must be received by **April 16, 2012 by 12 Noon**.

Late applications and incomplete applications will not be accepted.

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**A. LETTER OF INTENT**

- ☐ Please complete and return this non-binding form by **Monday, April 2, 2012**, if you intend to apply for funding from the AMHC Sickle Cell Outreach Initiative Grant Program. Early receipt of your Letter of Intent will help us plan for review. Submission of this Letter does not obligate your organization to submit a proposal. **However, the Letter of Intent is MANDATORY and is NOT OPTIONAL if you plan to submit an application for funding. If no letter of intent is properly submitted and received by April 2, 2012, subsequent applications will be disqualified.**

After you have signed this document, please print, scan, and email it to Marisha Collins at [Marisha.collins@arkansas.gov](mailto:Marisha.collins@arkansas.gov) or fax it to AMHC at 501-686-2722.

Name of Applicant Organization:		
Street Address:		
City:	State:	Zip:
County:		
Contact Name:	Title:	
E-mail Address:		
Office Phone:	Mobile:	
Signature:	Date:	

Is your organization a (check all that apply):

- ☐ Non-profit (non-governmental)?  
☐ Public (government) agency?  
☐ Church with tax-exempt status?  
☐ Research institute or agency?

Is your outreach initiative a:

- ☐ New initiative?  
☐ Built on existing programs?

Who is the target population for your initiative? \_\_\_\_\_

What county or counties will your program include? \_\_\_\_\_

Which amount is the most appropriate for your Outreach Initiative? Circle the category for which you intend to apply.

**\$5,000**

**\$10,000**

**\$15,000**

**\$20,000**

**\$25,000**

Additional Comments:

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## B. COVER PAGE

Organization Name		Organization Type		State Vendor #, if any	
		<b>Public or Private NPO</b>			
Organization <i>Mailing</i> Address		City and Zip Code		Agency Tax ID #	
<i>Physical</i> Address (if different)		Agency Phone #		Agency Fax #	
County		State Representative		State Senator	
Agency Head		Head Title		Agency Head Work #	
Program Coordinator		Title		Alternate Contact Name	
Coordinator Phone #		Coordinator Email		Project Period	
		From:		To:	
		<b>July 1, 2012</b>		<b>June 30, 2013</b>	
Abstract (abbreviated summary) of Outreach Initiative		Type of Program			
		<input type="checkbox"/> <b>Community Education &amp; Awareness</b> <input type="checkbox"/> <b>Support for Affected Families</b> <input type="checkbox"/> <b>Healthcare Provider Education &amp; Collaboration</b>			

Highest Ranking Agency Representative:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### C. PROBLEM STATEMENT

State the sickle cell trait and/or disease issue that the proposal plans to address (Awareness/Education/Screenings, Development of Support Groups and/or Healthcare Provider Education & Collaboration); then provide the problem statement(s) related to your program goals. *(Please limit your response to one page.)*

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**Problem Statement:**

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## D. PROPOSAL DESCRIPTION

Provide a detailed summary of how the agency will use the grant funds to implement projects that pertain to awareness/education/screenings, development of support groups and/or increased healthcare provider education and collaboration towards a goal of preventing the increase of sickle cell trait and disease in Arkansas. *(Please limit your response to eight pages.)*

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**1. What are you planning to do?**

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**2. How is your organization uniquely qualified to initiate a sickle cell trait and disease program?**

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**3. How is your organization uniquely qualified to reach the minority populations in the state of Arkansas?**

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**4. Why is this initiative needed at this time? Why do you think that your program can meet these needs?**

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- 5. Are there other groups working to increase awareness of sickle cell and support affected families? If so, how is this initiative different? Also, please tell us if you foresee any opportunities for collaboration with other organizations.**

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- 6. How did you determine the design of your program? Have you used models from any existing programs? Did they involve the community they are projecting to serve? Is it culturally competent?**

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- 7. Why do you believe the methods that you have chosen will be most effective? What is new or innovative about your strategy?**

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- 8. What challenges do you anticipate? How will you prepare to overcome challenges?**

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## E. PROGRAM GOALS & OBJECTIVES

Clearly state the overall goals and specific objectives of the proposed outreach initiative using the format below, including the specific activities and methods that will be used to meet each objective. Please feel free to adjust the numbers or goals, objectives, or methods to fit your program. *(Please limit your response to two pages.)*

- I. Primary Goal
    - a. Objective 1
      - i. Method 1
      - ii. Method 2
    - b. Objective 2
      - i. Method 1
      - ii. Method 2
  - II. Secondary Goal
    - a. Objective 1
      - i. Method 1
      - ii. Method 2
    - b. Objective 2
      - i. Method 1
      - ii. Method 2
    - c. Objective 3
  - III. Tertiary Goal, etc.
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## F. PLANNED SERVICES & ACTIVITIES

List activities and or services that the proposal will provide using AMHC grant funds using the table below. Please feel free to add additional cells as needed.

Objective (i.e. II.b.)	Activities	Start Date	End Date	How will you evaluate this activity?

## G. EVALUATION

Answer the following questions to describe the methods that will be used to monitor this initiative, and explain how you will measure the success of this program. These should be tied directly to the goals and objectives listed above. *(Please limit your response to three pages.)*

1. **Describe how you will determine baseline data to initiate proposal activities and evaluate progress of those activities** (*definition*: Baseline data is basic information gathered before a program begins. It is used later to provide a comparison for assessing program impact).

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2. **What evidence will you use to determine if you have met the goals and objectives listed above? Describe how goals will be measured and what measurement indicators will be considered successful, marginal, etc.**

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3. **Describe the sustainability of this program beyond the life of the outreach initiative grant and the long-term impact on the priority population.**

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## H. BUDGET

Use the attached “**SC Grant Application Budget**” to list items necessary to implement the proposal. The spreadsheet will automatically compute totals. Please include additional information as needed.

**Please provide a brief narrative explanation of the proposed expenses, such as the roles of personnel or consultants and the use of materials, supplies, and equipment requested. (Please limit your response to two pages).**

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## I. CERTIFICATION

The following form must be signed in **BLUE** ink to complete the application.

An official who is a duly authorized representative of the Applicant must certify by his/her signature (in blue) that the organization will comply with the provisions of the applicable laws, regulations, directives and policies related to the project. By signing in the designated area below, the applicant agrees to abide by the stipulations contained in this application (reporting & documentation requirements), if an award is granted. Further, by virtue of these signatures, the applicant assures that this application was presented to and received approval by the applicant organization governing board and that, to the best of his/her knowledge, the statements contained herein are true and correct.

_____ Legal Organization Name		_____ Highest Authorized Representative and Title	
_____ Telephone #	_____ Alternate #	_____ Fax #	_____ Email Address
_____ Signature (Agency Head)	_____ Title	_____ Printed Name	
_____ Signature (Alternate)	_____ Title	_____ Printed Name	
_____ Signature (Program Coordinator)	_____ Title	_____ Printed Name	
_____ Signature (Alternate for Program Coordinator)	_____ Title	_____ Printed Name	

### Compliance Checks Procedure:

I further attest that **we will allow** the Arkansas Minority Health Commission, the Arkansas Division of Legislative Audit or their agents to conduct compliance checks on-site and/or by submission of requested documentations within 2 days of request.

I further attest that I understand fully that I must maintain all original receipts, time sheets, and proper documentation for expenditures related to any and all grant funds expended. I furthermore attest that I understand that I must maintain accounting practices that make this information readily and clearly available for the AMHC, Arkansas Division of Legislative Audit and/or their agent to review and audit upon request.

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Signature of Program Coordinator